



City of Milwaukee Property Recording Program

PREFERED CONTACT RESIGNATION FORM

SECTION 1: PREFERED CONTACT

PLEASE TYPE OR PRINT IN INK!

Check One: ☐ Person ☐ Corporation, Limited Partnership, or Limited Liability Company

Last Name or Business Name or Organization Name First Name MI Jr., III, etc. Date of Birth: ____/____/____
(Month/Day/Year)

House Number Dir Street Street Type City State Zip Code

Check One: ADDRESS – Home () PHONE – Home (____) ____-____
Business () Business (____) ____-____

REGISTERED AGENT
FOR CORPORATION,
LIMITED PARTNERSHIP
OR LIMITED LIABILITY COMPANY

Last Name First Name MI Wis. Corp. Div. I.D. #

Effective ____/____/____ I, _____, will no longer be the operator for the
Date (Print Name Please)

property listed below and (if more than one) on the attached sheet for this owner.

Operator's Signature _____ Date ____/____/____

SECTION 2: PROPERTY DESCRIPTION

Taxkey Number ____ (____) House Number ____ Dir Street Name Street Type
(ST, PL, RD, etc.)

Zip Code ____ # Residential Units ____ Additional Property List for Same Owner
Number of Properties on Attached list

SECTION 3: PROPERTY OWNER

Check One: ☐ Person ☐ Corporation, Limited Partnership, or Limited Liability Company ☐ Other (specify) _____

Owner : Last Name or Business Name or Organization Name First Name MI Jr., III, etc.

House Number Dir Street Street Type City State Zip Code

Check one: () Home Address () Business Address

Telephone Numbers: Home (____) ____-____ Business (____) ____-____

Ownership Type: () Titleholder () Land Contract Purchaser () Other - list _____

If you have any questions or need assistance in completing this form,
call the Department of Neighborhood Services at (414) 286-8569.

Mail form to: Dept. of Neighborhood Services, Property Recording Program
841 N. Broadway Room 105
Milwaukee, WI 53202-3613